

### References

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### Integrative Physician's Perspective

Dr Jeanette Pueschel has presented us with an interesting and succinct summary of the current state of clinical practice regarding glioblastoma multiforme (GBM). This disturbing tumor usually manifests itself in patients who are in their 60s or 70s; however, the present case concerns a 36-year-old woman. As Pueschel explains, this is an indication of a likely secondary, rather than primary, GBM, with a possible TP53 mutation. The worrisome prognosis of patients with GBM may eventually be moderated with some of the advances in determination of molecular markers, such as epidermal growth factor receptor, p16 deletions, mutations in phosphatase and tensin homologues and platelet-derived growth factor forms, as well as TP53. Testing of tumor tissue for molecular markers may eventually allow for improved tailoring of regimens for some of the newer molecular target drugs for GBM.

At the present time, however, resection, radiotherapy, and chemotherapy are the standard of care for GBM. Temozolomide has been used in this patient as a radiosensitizing agent. Dose-limiting toxicity for this drug is bone marrow suppression, with possible thrombocytopenia. Other chemotherapy drugs noted by Pueschel also may be used. These may affect bone marrow. Besides resulting anemia, low platelet counts may ensue. Because patients in integrative care may also be taking any of a number of supplements that diminish platelet aggregation, integrative physicians and others caring for GBM patients taking

chemotherapy should check carefully for possible supplement-drug interactions when patients develop low platelet counts. Just as aspirin and other drugs with anticoagulant properties should be stopped during periods of low platelet counts, the use of herbs and supplements that possess anticoagulant properties should also be reevaluated. To ensure optimal and safe care, patients, physicians, and integrative care counselors all must collaborate in making certain that the correctly identified content of supplements is communicated to those in charge of clinical care at the proper times. The same, of course, applies to surgery.

Among the herbs mentioned by Jeanne Wallace in her detailed presentation on nutritional and botanical approaches are several that have anti-inflammatory effects and would thus be included in the list of those with potential for anticoagulation. Wallace's wide-ranging contribution lays out a method to attack the growth of GBMs on several fronts simultaneously, including inhibition of angiogenesis and inflammation, impeding invasion, and inducing apoptosis. This type of strategy characterizes a biological approach to true integrative medicine. Beyond simply assembling a series of complementary and alternative medicine interventions that may affect disease or quality of life, integrative medicine should be based on a theoretical rationale that systematically elucidates the biochemical pathways that aggravate disease progression and lays out plans specifically to alter pathways relevant to each disease process. In the case of cancer, multiple pathways typically promote tumor growth, and Wallace has selected several agents known to have potential relevance to GBMs in her article.

Wallace's work is based on an admirable acquaintance with the literature on the biochemistry of GBM. She begins with dietary recommendations. One of her early recommendations is a slight caloric restriction, noting the possibility of lowering rates of angiogenesis. I generally agree with the theory of slight caloric restriction for cancer patients but would also stress the importance of repeated nutritional evaluations, especially in patients with advancing disease who may more easily get into trouble through excessive caloric restriction. In some nutritional situations, especially among patients under active conventional treatment, a slight caloric excess might be required at times.

Wallace's discussion of the need to tailor carbohydrate intake so as to prevent excessive blood sugar is generally on target. The realization that control of excessive sugar supply to tumors is a critical element in cancer nutrition<sup>1</sup> is an important benefit of integrative approaches to cancer. We find in our own clinical work, though, that it is not necessary to use much in

the way of animal foods to regulate blood sugar. With the strategic use of whole grains, substances such as guar, and legume proteins such as chickpeas that are well-known for their beneficial impact on blood sugar, the need for meat and poultry is eliminated. I would certainly agree with the consumption of omega-3-rich fish, especially with the favorable impact on insulin sensitivity of omega-3 fatty acids. Although the subject needs more study, our Evanston clinic presently prescribes a lower percentage of fat than Wallace recommends as part of the hypoglycemic diet. We generally aim for a percentage of fat lower than 20% but adjust it upward (or occasionally downward) depending on the specific nutritional needs of the patient at a particular time and on the treatment approach they are receiving or that is pending. I fully concur that GLA supplementation may actually promote the formation of proinflammatory and tumor-promoting eicosanoids and thus generally do not encourage its use.

The treatment of botanical and other natural product supplements for GBM by Wallace demonstrates her understanding and grasp of both the biochemistry of the compounds and the physiology of brain tumors. Complementing her scientific understanding is an obvious sensitivity to the practicalities of supplement regimens and their relevance in patient care. The recommendation that patients start supplements over a period of a few days to monitor the possible appearance of side effects sounds as if it stems from Wallace's pharmacy background, and it is reasonable advice. In this regard, Wallace's advice for managing side effect risks with multiple supplements by avoiding an all-at-once regimen has practical value that we too have seen in the clinical setting.

Ruth Bolletino's approach to psychooncology speaks an extraordinary commitment to the discovery, then enhancement, of individual uniqueness and personal meaning as a crucial element for full health and revitalization. Her basic yet important insights are based on the work of her long-term mentor Lawrence LeShan, which dates back several decades. Everyone involved in oncology benefits from hearing Bolletino's vehement stand on urging practitioners to become deeply aware of the person sitting across the desk and knowing each cancer patient beyond the circumstances of his or her disease. While we would normally ask that a Tumor Board contributor in this field title their piece "Psychooncology," we felt that the strength of Bolletino's professional principle of seeing the person instead of the "patient" was so notable that we retained her title "The Patient as a Person." Bolletino has also incorporated an edifying essay within her Tumor Board statement presenting the philosophical basis of her practice deriving from the

research of Lawrence LeShan, valuable to all involved in integrative care, especially for readers less familiar with the psychooncology literature.

There are several specific elements that Bolletino mentions to which I would draw the reader's attention. The first of these is the concept of toxic beliefs and the need to dispel them as soon as possible. The beliefs that she lists—taking on the burdensome idea that the individual might have produced his or her own cancer by having negative feelings, seeing cancer progression as personal failure, and others—are all too familiar to those of us who work with cancer patients day in and day out. In particular, the imperative that patients should at all times maintain a positive attitude is a distorted media by-product of misread literature, heaving onto patients an untenable and injurious mind-set. Bolletino counsels patients that emotional storms and negative feelings are common and normal in cancer and that it is their suppression that is toxic, rather than their expression. This is an opinion gaining considerable support by many of the leading experts in the field and certainly consistent with the experience of the more attentive and sensitive clinical practitioners in this area.

Essential to the approach in Bolletino's (and LeShan's) practice is the emphasis on internal resources and what is meaningful in the patient's life, reflected in the question of "What is right with this person?" This fundamental, supplemented with the possibility of what can be added or changed in the person's life, moves the therapeutic journey into the exploring of what has prevented the person from expressing her own best way of living, which is at the heart of the therapeutic process. The various psychological modalities that are useful with cancer patients, such as cognitive therapy or art therapy, have been the subject of various experimental studies, sometimes reported in other Tumor Board contributions. In this discussion, however, Bolletino uses these therapies as tools to approach goals much deeper than those normally assessed in the experimental framework. Bolletino's explication of her therapeutic process is a valuable guide for any clinician who shares these goals.

An especially important part of the personal commitment of the therapist that Bolletino describes is the sharing of genuine encouragement, hope, positive expectation, and faith with the patient who, at times, may not feel like she has much of them herself. The goal of this hope and faith? That the patient add "life to her years." While the technical question of whether the interventions developed by LeShan and Bolletino might add years to her life is still open, their philosophy as outlined here is a touchstone for many of us in the field of integrative medicine. Discovering

and marshalling the individual's strengths as the starting point—circling yet going beyond the conventional focus of Western medicine, which has too often been narrowly fixated on pathology and psychopathology—is the only real matrix for healthful and healing change.

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